

FREDERICK COUNTY PERMITS AND INSPECTIONS
TIP JARS/PUNCHBOARDS MONTHLY REPORT

ON PREMISE

FOR THE MONTH OF _____, 20____

ON PREMISE TIP JARS/PUNCHBOARDS PERMIT # _____

Name of Organization _____

List the number of bags purchased in this month _____

List the number of bags sold in this month _____

Bag Fees indicated on this form are for **ALL BAGS SOLD, Not bags BOUGHT**. You must match up the tip jar serial #'s with the correct invoice from the distributor to find the correct cost. Bag fees may be deducted on line #4.

FROM THE SALE OF TIP JARS/PUNCHBOARDS, PLEASE INDICATE THE FOLLOWING:
(THESE FEES ARE TO BE BASED ON THE NUMBER OF BAGS **SOLD** FOR THE MONTH)

1. TOTAL AMOUNT OF MONEY COLLECTED BEFORE PAYOUTS \$ _____

2. TOTAL AMOUNT OF MONEY PAID TO WINNERS \$ _____

3. NET PROCEEDS (subtract #2 from #1) \$ _____

4. BAG FEE COSTS FOR BAGS **SOLD** (not purchased) THIS MONTH * \$ _____

* The figure shown in #4 should reflect the total cost of the bags.

5. PROCEEDS SUBTRACT #4 FROM #3. \$ _____

6. Indicate the name of the distributor(s) where you purchased the TIP JARS/PUNCHBOARDS supplies.

Signature of Approved Contact Person

Date received in Permits Office
(stamp)

Phone Number _____
Revised 01/10